

Steubenville City Schools

Instructional Fee Waiver

Your child(ren) may qualify for a waiver of their school instructional fees. Please fill out the form below and send it back to school.

1. Household Information			
Names of all household members (First, Middle Initial, Last)	Name of School & grade level for each child/or indicate "NA" if child is not in school. School Grade	Check if a foster child (legal responsibility of welfare agency or court). If all children listed below are foster children, skip to Part 5.	Check if No Income

2. Benefits: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

Name: _____ 0-Digit Case #: _____

3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. Name (List all household members with income)	2. Gross Income and How often it was received												All Other Income (indicate frequency, such as "weekly", "monthly", "quarterly", "annually")			
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA	Weekly		Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	X				\$150		X			\$0					\$50/quarterly

4. Signature (ADULT MUST SIGN)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my child(ren) to lose benefits and I may be Sign Here:

X _____ Print Name: _____ Date: _____

Address: _____ Phone #: _____

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x52, Every 2 Weeks x26, Twice a Month x24, Monthly x

Total Income: \$ _____ Per: Week Bi Weekly Bi Monthly Monthly Year

Household size: _____ Free, based on Food Assistance/OWF Case #
 Household size & Income

Eligibility:

- Denied based on Income Too High
 Incomplete
 Invalid Case # or Information

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Guidelines to be effective from July 1, 2016 through June 30, 2017.

Households with incomes less than or equal to the reduced price values below are eligible for benefits.

Income Eligibility Guidelines

Household size	Yearly	Monthly	Bi-Monthly	Bi-Weekly	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each additional person:	5,408	451	226	208	104

